PART B - FEE(S) TRANSMITTAL

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| | 7590 05/14 epartment - MB teting | ock 1 for any change of address) /2009 | CERTIFICATION OF ELECTRONIC TRANSMISSION I hereby certify that this Fee(s) Transmittal is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4) to the U.S. Patent and Trademark Office, on the date indicated below. Joyce Paol: (Depositor's name) (Signature) (Date) | | | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | ATTO | NEY DOCKET NO. | CONFIRMATION NO. |
| 10/646,962 | 08/25/2003 | | Wei Zhao | | 9400-44 | 3021 |
| TITLE OF INVENTION: ACCESS POINT | | S AND COMPUTER PR | | R DIRECTING A USER | TO A WIRELESS NET | TWORK |
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1510 | \$300 | \$0 | \$1810 | 08/14/2009 |
| EXAMII | NER | ART UNIT | CLASS-SUBCLASS | | | |
| CHO, UN C | | 2617 | 455-414200 | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | | 3 registered patent attorn yely, e firm (having as a memb igent) and the names of up meys or agents. If no nam | eys 1 & S | igel SIbley |
| 3. ASSIGNEE NAME AN | ID RESIDENCE DATA | A TO BE PRINTED ON | THE PATENT (print or typ | pe) | | |
| (A) NAME OF ASSIG AT&T Intel1 | nee lectual Prope inc., former | erty I, L.P., Ly known as B | by transfer o | and STATE OR COUNT of ownership f lectual Prope | rom AT&T Delecty Corporat | on, DE laware Intellectua tion _ |
| 4a. The following fee(s) as | re submitted: | 4 permitted) | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0220 (enclose an extra copy of this form). | | | |
| 5. Change in Entity State a. Applicant claims NOTE: The Issue Fee and interest as shown by the re | SMALL ENTITY state Publication Fee (if require) | us. See 37 CFR 1.27. uired) will not be accepte | ed from anyone other than t | ger claiming SMALL EN he applicant; a registered | | |
| Authorized Signature | Non | 7 | | Date Jun | | 069 |
| Typed or printed name | Laura M. | Kelley | | Registration No | 48,441 | |

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